POLICY BRIEF



State Differences in Recommended Components of Care Received During Postpartum Visits for Rural and Urban Residents, 2016-2019

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Key Findings

- There is substantial state-level and rural-urban variation in the number of recommended care components (contraceptive counseling, depression screening, smoking screening, abuse screening, eating and exercise discussions, and birth spacing counseling) received during postpartum visits.
- The median number of postpartum care components received ranged by state from 2.8 to 4.1 (out of 6); among rural residents, state variation was greater, ranging from 2.6 to 4.4.
- Contraceptive counseling (planning for pregnancy prevention) was the most commonly received postpartum care component (75% to 85% across states, 69% to 98% across rural), while birth spacing counseling (planning for timing of future pregnancies) was the least common (39% to 54% across states, 35% to 67% across rural)
- Abuse screening had the greatest variation across states (39 percentage points) while contraceptive counseling had the least variation (10 percentage points); across rural populations, abuse and depression screening had the greatest variation (40 percentage points) while eating and exercise discussions had the least variation (19 percentage points).
- Rural populations often fell below the national median for receipt of postpartum care components: rural residents were below the national median in 27 states for contraceptive counseling; 23 states for birth spacing counseling; 20 states each for depression screening, abuse screening, and eating and exercise discussions; and 17 states for smoking screening.

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Purpose

The postpartum year after childbirth is a crucial time for the detection and prevention of maternal health complications; yet many postpartum people do not receive all of the recommended components of postpartum care (contraceptive counseling, depression screening, smoking screening, abuse screening, eating and exercise discussions, and birth spacing counseling).¹ Rural residents face greater barriers to accessing postpartum care and support as rural obstetric units continue to close,^{2,3} in addition to experiencing higher rates of poverty, food insecurity, violence, and comorbidities that can increase risks for poor postpartum outcomes.⁴ The purpose of this policy brief is to measure state-level differences in the receipt of recommended postpartum care components among rural and urban residents in the United States who gave birth from 2016 to 2019.

Background and Policy Context

Three-quarters of all birthing people report health challenges following childbirth, and comprehensive postpartum care is an important touchpoint for the detection and prevention of health complications.^{5,6} Yet in the United States, postpartum care typically consists of one visit at six weeks postpartum with limited time and content to cover the breadth and depth of issues that postpartum people face.^{7,8} The American College of Obstetricians and Gynecologists (ACOG) released updated guidelines in 2018 suggesting that postpartum care begin earlier, last longer, and be more comprehensive. Specifically, they recommended that postpartum care components expand to include a full assessment of physical, emotional, and psychosocial wellbeing, including contraceptive counseling; screening for depression, smoking, and abuse; guidance on healthy eating and physical activity following childbirth; and counseling on how birth spacing affects the risk of pregnancy complications and other health problems.⁷

The availability of obstetric services has been declining in rural communities, with only 44% of rural coun-



ties providing hospital-based obstetric care in 2018.² In addition, an estimated 31% of rural counties did not have any obstetric providers (obstetricians, midwives, or family physicians who deliver babies) in 2019.9 In rural areas that have lost access to obstetric services, residents also have more limited access to evidence-based postpartum supports, including lactation (breastfeeding/ chestfeeding) groups and access to International Board-Certified Lactation Consultants (IBCLCs), postpartum support groups, doula care, midwifery care, perinatal mental health services, and postpartum nurse home visiting programs.^{2,3} While nationally rural and urban residents attend postpartum visits at similar rates, prior studies have found that rural residents are generally less likely to receive contraceptive counseling and depression screening.¹ Conversely, rural residents are more likely to receive smoking screening, abuse screening, eating and exercise discussions, and birth spacing counseling than their urban counterparts. These differences are amplified among racially minoritized and low-income individuals, with rural residents who are racially minoritized and insured by Medicaid being 15-percentage points more likely to receive these screenings than their urban, white, privately-insured counterparts.¹

State-level differences in postpartum care attendance are well documented,¹⁰ but state-level differences in receipt of recommended care components have not been previously reported, nor have rural-urban differences. Reducing maternal morbidity and mortality in rural and underserved areas is a key focus of national, state, and local policies. Understanding the health needs and content of care that rural patients receive after childbirth is essential for improving postpartum health. Therefore, this analysis describes state-level rural and urban differences in the receipt of recommended postpartum care components among postpartum people in the United States with childbirths from 2016 to 2019.

Approach

Data for this analysis came from the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a cross-sectional survey of experiences before, during, and after childbirth conducted by state and local health departments in collaboration with the Centers for Disease Control and Prevention (CDC). PRAMS participants are sampled from birth certificate records and surveyed between two and six months after childbirth; data are only released by the CDC for each year from sites that meet a minimum response rate threshold.^{11,12} The data used here came from postpartum patients in 45 sites (43 states, the District of Columbia, and New York City) with live births from 2016 to 2019.

Study outcomes included self-reported postpartum care components received during a postpartum visit. PRAMS survey respondents were asked whether they attended a postpartum visit or had a postpartum home visit. If they had, PRAMS asked participants whether a doctor, nurse, or other health care worker did the following: 1) "talk to me about birth control methods I can use after giving birth," "give or prescribe me a contraceptive method," or "insert an IUD or contraceptive implant" (contraceptive counseling), 2) "ask me if I was feeling down or depressed" (depression screening), 3) "ask me if I was smoking cigarettes" (smoking screening), 4) "ask me if someone was hurting me emotionally or physically" (abuse screening), 5) "Talk to me about healthy eating, exercise, and losing weight gained during pregnancy" (eating and exercise discussions), or 6) "talk to me about how long to wait before getting pregnant again" (birth spacing counseling).

As provided by PRAMS, patient rural or urban residency was measured based on the Office of Management and Budget standard definition of metropolitan statistical areas.¹³ Rural counties included those classified as micropolitan or non-core, while urban counties included those classified as metropolitan. New York State (excluding New York City) and New York City run separate PRAMS programs. Arizona, California, Idaho, Nevada, Ohio, South Carolina, and Texas were not included because they did not reach the minimum response rate threshold or because they did not participant in PRAMS during the study period. Delaware, the District of Columbia, New Jersey, New York City, and Rhode Island do not have rural counties; and thus, only provided data from urban residents for analyses.

All analyses were survey weighted with PRAMS provided weights to account for variation in sampling rates, stratification schemes, and nonresponse across site-years. Among participants who reported attending a postpartum visit, weighted medians with interquartile range (IQR) were calculated to describe the number of care components received out of the six components analyzed, and weighted percentages were calculated to describe the proportion of the postpartum population by state and rurality that received each individual care component. Among rural residents, receipt of each care component by state was further grouped in 10 percentage-point intervals for visual comparisons across states and across care components. Weighted postpartum visit attendance by state and rurality is provided in the Appendix Table.



Results

Postpartum visit attendance across all 45 PRAMS sites was 90%, and ranged from 86% in Alaska to 94% in New Hampshire. The largest rural-urban differences were in Florida (rural: 98%, urban: 87%), where rural residents had higher attendance, followed by Alaska (rural: 80%, urban: 89%), Indiana (rural: 84%, urban: 90%), New Mexico (rural: 83%, urban: 88%), North Carolina (rural: 88%, urban: 93%), and Pennsylvania (rural: 86%, urban: 91%), all states where urban residents had higher attendance (**Appendix Table**).

Among patients who attended a postpartum visit, substantial state-level variation in receipt of recommended postpartum care components was found (**Figure 1**). The median number of care components received ranged from 2.8 to 4.1 out of 6 components across states; among rural residents, the median ranged from 2.6 to 4.4 components. The lowest median number of components received was in Louisiana (2.8), Arkansas (2.8), and Mississippi (2.9), while the highest median number received was in Minnesota (4.0), New Mexico (4.1), and Alaska (4.1). The largest rural-urban differences in the median number of components received were in Florida (rural: 4.4, urban: 3.3), Mississippi (rural: 3.1, urban: 2.6), and Oregon (rural: 4.2, urban:

3.7), where rural residents were more likely to receive more care components. Tennessee also had one of the largest rural-urban differences (rural: 3.0, urban: 3.6), but where urban residents were more likely to receive more care components.

Receipt of specific recommended postpartum care components showed even greater state-level variation in care (Figure 2). Contraceptive counseling was the most commonly received care component with the least amount of variation by state, ranging from 75% in New Jersey to 85% in Connecticut. However, variation in receipt was much greater for rural residents, ranging from 69% in Indiana to 98% in Florida, a 29 percentagepoint difference. Rural-urban differences were greatest in Florida (rural: 98%, urban: 76%), Indiana (rural: 69%, urban: 80%), and Massachusetts (rural: 96%, urban: 85%). Depression screening was also commonly received, ranging from 61% in New York City to 88% in New Hampshire. Again, variation was much greater for rural residents, ranging from 55% in Louisiana to 95% in Massachusetts, a 40 percentage-point difference. Rural-urban differences in receipt of depression screening were greatest in Florida (rural: 86%, urban: 70%), Alaska (rural: 73%, urban: 84%), and New Mexico (rural: 73%, urban: 83%).

Figure 1. Median Number of Postpartum Care Components Received by State and Rurality



Data are weighted with PRAMS survey weights to account for sample design, nonresponse, and noncoverage. New York State (NY) excludes New York City (NYC).



Smoking and abuse screenings, eating and exercise discussions, and birth spacing counseling were all much less commonly received by postpartum people overall. In many instances, the rates of these screenings were higher among rural residents, contrary to the pattern for contraceptive counseling and depression screening. Smoking screening ranged from 43% in Utah to 69% in North Dakota, while among rural residents,

Figure 2. Percent of Rural Residents Receiving Specific Postpartum Care Components by State

Contraceptive Counseling



Smoking Screening



Eating and Exercise Discussions



Depression Screening



Abuse Screening



Birth Spacing Counseling



Data are weighted with PRAMS survey weights to account for sample design, nonresponse, and noncoverage.



ranged from 44% in Tennessee to 79% in Massachusetts. Rural-urban differences for this component were greatest in Massachusetts (rural: 79%, urban: 56%), Florida (rural: 73%, urban: 50%), and Vermont (rural: 62%, urban: 50%). Abuse screening ranged from 35% in Utah to 74% in Minnesota and was similar among rural residents (with the exception that the lowest was 33% in Arkansas), with the greatest rural-urban differences in Florida (rural: 73%, urban: 52%), New Mexico (rural: 59%, urban: 72%), and Nebraska (rural: 49%, urban: 59%). Eating and exercise discussions had less state-level and rural-urban variation, ranging from 44% in North Dakota to 60% in Hawaii for all residents and from 40% in Pennsylvania to 60% in Oregon for rural residents. Birth spacing counseling was the least commonly received postpartum care component overall, with only 39% in Wyoming to 54% in the District of Columbia reporting this component, and among rural residents, 35% in Maryland to 67% in Florida. Ruralurban differences for this component were greatest in Florida (rural: 67%, urban: 41%), Oregon (rural: 57%, urban: 46%), and Connecticut (rural: 57%, urban: 48%).

In twenty-seven states, rural populations fell below the national median for receipt of postpartum contraceptive counseling, and in 23 states, rural populations fell below the national median for birth spacing counseling. For depression screening, abuse screening, and eating and exercise discussions, 20 state rural populations fell below the national median for each component, while 17 state rural populations were below the national median for smoking screening. Nine state rural populations were below the national median for all six components (Arkansas, Kansas, Louisiana, Missouri, Nebraska, Oklahoma, Pennsylvania, Utah, Wyoming), while six were above the median for all components (Iowa, Illinois, Massachusetts, Minnesota, Oregon, Vermont). Rural populations in the South were most likely to fall below the national median for a higher number of components (below the national median for an average of 3.9 components), while states in the Northeast were least likely (below the national median for an average of 1.7 components).

Conclusion

There is wide variability in receipt of recommended postpartum care components by state, with even greater variation across state rural populations, and extensive rural and urban disparities. Some of these differences may be accounted for by which types of populations are more or less targeted for specific screenings during the postpartum period (e.g., racially minoritized and/ or low-income populations).¹ Maternal and postpartum care policies vary greatly across states and may impact rural and urban areas differently, thus the state policy environment – including state scope of practice laws, state Medicaid policies, state-based maternal and child health or community health clinic programs - could at least partially account for the differences found in this analysis; future studies could address these important topics. All states showed room for improvement, with postpartum care falling short of recommendations. This policy brief highlights the need for policies aimed at improving consistency in the receipt of postpartum care content to help ensure that all postpartum patients receive recommended care, including rural residents.

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Among those attending a postpartum visit, receipt of postpartum care components Postpartum visit Depression **Birth Spacing** State overall -Median number of care Contraceptive Smoking Abuse Eating and components (IQR) **Exercise Discussions Rural or Urban** Counseling Screening Screening Screening Counseling attendance 90.3 80.9 All PRAMS sites 3.5 (1.8-5.0) 77.1 53.6 52.4 50.6 44.8 Rural 88.9 3.5 (1.7-5.0) 78.9 76.2 57.2 52.0 48.9 44.1 3.5 (1.8-5.0) 44.9 Urban 90.5 81.2 77.3 52.9 52.4 51.0 Alabama 3.3 (1.6-5.1) 89.7 81.0 71.1 53.3 44.4 52.6 45.8 Rural 3.4 (1.6-5.1) 87.7 79.7 72.4 58.7 43.8 51.0 45.7 Urban 3.3 (1.6-5.0) 90.3 81.4 70.8 51.8 44.6 53.0 45.9 Alaska 4.1 (2.4-5.2) 86.1 79.8 80.3 59.9 65.1 54.8 51.4 Rural 3.9 (1.7-5.2) 80.2 72.9 72.5 59.5 61.0 50.3 46.7 Urban 4.2 (2.7-5.2) 89.0 83.2 84.2 60.1 67.1 57.0 53.7 Arizona Arkansas 90.1 2.8(1.2-4.5)79.0 66.2 49.1 36.2 48.0 40.8 63.9 50.6 33.1 Rural 90.6 2.7(1.1-4.5)76.9 48.1 39.9 Urban 2.9 (1.3-4.6) 89.8 80.1 67.4 48.2 38.0 47.6 41.1 California Colorado 92.6 3.4(2.0-4.8)84.6 83.1 52.0 52.4 52.6 41.1 Rural 90.2 3.3 (1.7-4.7) 80.0 51.7 81.0 45.8 54.2 43.7 Urban 92.9 3.4(2.0-4.8)53.2 52.5 44.2 85.0 83.4 56.1 3.7 (2.2-5.0) Connecticut 93.8 85.3 82.4 52.6 55.2 56.9 48.8 93.1 Rural 47.8 45.8 56.9 3.4(2.1-4.8)87.1 81.8 56.3 Urban 3.7 (2.2-5.0) 93.8 85.2 82.4 56.3 55.5 57.3 48.4 Delaware 3.6 (1.7-5.1) 89.6 78.5 74.7 54.7 58.1 48.1 47.0 Rural Urban 89.6 3.6(1.7-5.1)78.5 74.7 54.7 58.1 48.1 47.0 District of Columbia 89.7 3.8 (2.4-5.2) 83.0 83.7 57.9 57.1 55.2 53.6 Rural Urban 89.7 3.8 (2.4-5.2) 83.0 83.7 57.9 57.1 55.2 53.6

	Postpartum	Among those attending a postpartum visit, receipt of postpartum care components						
State overall -	visit	Median number of care	Contraceptive	Depression	Smoking	Abuse	Eating and	Birth Spacing
Rural or Urban	attendance	components (IQR)	Counseling	Screening	Screening	Screening	Exercise Discussions	Counseling
Florida	86.9	3.3 (1.6-4.9)	77.1	70.5	50.7	52.3	47.5	42.2
Rural	97.8	4.4 (3.2-5.4)	97.8	85.8	72.5	73.0	46.3	66.7
Urban	86.6	3.3 (1.6-4.9)	76.4	70.0	49.9	51.6	47.6	41.4
Georgia	89.9	3.6 (1.8-5.1)	81.2	74.6	56.2	52.6	54.9	49.2
Rural	89.8	3.3 (1.5-5.1)	79.0	70.8	57.3	49.4	50.9	44.2
Urban	90.0	3.6 (1.8-5.2)	81.6	75.4	55.9	53.3	55.7	50.2
Hawaii	90.7	3.8 (2.1-5.1)	83.4	74.8	57.3	54.9	59.7	51.4
Rural	88.6	3.6 (2.0-5.0)	82.4	74.9	54.1	52.6	57.6	45.9
Urban	91.2	3.8 (2.1-5.1)	83.6	74.7	58.0	55.4	60.2	52.5
Idaho								
Illinois	92.7	3.6 (2.1-5.0)	84.1	84.2	53.3	53.6	57.1	47.8
Rural	92.6	3.6 (2.1-5.0)	85.1	82.8	57.2	53.6	55.8	49.7
Urban	92.7	3.6 (2.1-5.0)	84.0	84.4	52.8	53.6	57.2	47.5
Indiana	88.6	3.3 (1.6-4.8)	77.2	76.1	57.8	49.2	48.5	40.7
Rural	83.9	3.4 (1.0-4.8)	69.1	71.9	59.5	48.2	45.6	39.6
Urban	90.3	3.3 (1.7-4.8)	80.3	77.7	57.2	49.5	49.5	41.1
Iowa	92.7	3.5 (2.0-4.9)	83.7	81.3	56.7	54.0	49.4	46.1
Rural	92.8	3.6 (2.1-5.0)	83.0	82.0	60.0	54.8	51.1	49.3
Urban	92.6	3.5 (2.0-4.8)	84.1	80.8	54.7	53.5	48.3	44.3
Kansas	90.5	3.1 (1.5-4.5)	78.6	75.6	49.5	47.7	44.3	39.3
Rural	91.2	3.0 (1.4-4.6)	77.6	74.1	49.4	42.4	47.6	43.4
Urban	90.2	3.1 (1.5-4.5)	79.1	76.3	49.6	50.2	42.7	37.4
Kentucky	88.8	3.3 (1.6-4.7)	79.8	76.1	55.2	47.3	47.1	41.4
Rural	86.3	3.2 (1.4-4.7)	78.9	73.1	56.6	46.9	45.5	40.4
Urban	90.6	3.3 (1.7-4.7)	80.5	78.3	54.1	47.7	48.3	42.1
Louisiana	87.6	2.8 (1.1-4.6)	76.7	61.4	48.6	40.2	50.9	39.9
Rural	86.4	2.6 (0.9-4.4)	76.5	54.7	48.9	34.8	48.3	40.3
Urban	87.8	2.8 (1.1-4.6)	76.7	62.7	48.5	41.2	51.4	39.8

	Postpartum	Among those attending a postpartum visit, receipt of postpartum care components							
State overall -	visit	Median number of care	Contraceptive	Depression	Smoking	Abuse	Eating and	Birth Spacing	
Kurai or Urban	attendance	components (IQR)	Counseling	Screening	Screening	Screening	Exercise Discussions	Counseling	
Maine	92.7	3.8 (2.4-4.9)	84.2	87.7	65.5	64./	51.0	43.8	
Rural	91.7	3.9 (2.6-5.0)	82.5	87.0	68.9	68.4	51.9	44.6	
Urban	93.4	3.8 (2.3-4.9)	85.3	88.2	63.0	62.0	50.5	43.3	
Maryland	90.1	3.4 (1.8-4.9)	81.6	76.3	53.2	52.7	51.7	43.4	
Rural	92.8	3.3 (1.7-4.8)	86.0	83.1	53.3	50.9	45.9	35.2	
Urban	90.1	3.4 (1.8-4.9)	81.5	76.1	53.2	52.7	51.9	43.6	
Massachusetts	93.5	3.7 (2.2-5.0)	84.9	85.3	56.1	62.6	52.9	47.0	
Rural	96.2	3.9 (3.3-4.8)	95.5	94.8	79.0	67.9	52.2	48.2	
Urban	93.4	3.7 (2.2-5.0)	84.8	85.2	55.8	62.6	52.9	47.0	
Michigan	89.1	3.6 (2.0-4.9)	80.5	78.7	56.3	56.0	49.3	44.8	
Rural	90.8	3.6 (1.9-4.9)	80.5	80.0	61.4	57.7	47.5	43.5	
Urban	88.8	3.6 (1.9-4.9)	80.6	78.5	55.3	55.6	49.7	45.1	
Minnesota	93.3	4.0 (2.9-5.1)	83.8	87.4	67.8	73.7	54.0	47.4	
Rural	92.5	4.0 (2.7-5.2)	81.6	86.1	71.9	73.5	51.9	45.9	
Urban	93.5	4.0 (2.9-5.1)	84.3	87.7	66.9	73.7	54.5	47.7	
Mississippi	87.6	2.9 (1.1-4.7)	75.5	65.2	48.8	38.9	48.3	40.3	
Rural	88.0	3.1 (1.3-4.8)	76.5	66.1	51.7	41.6	51.3	43.7	
Urban	87.1	2.6 (1.4-4.7)	74.2	64.0	45.1	35.5	44.5	35.9	
Missouri	87.8	3.1 (1.4-4.7)	78.9	72.7	50.8	45.9	45.7	40.8	
Rural	85.0	3.0 (1.1-4.6)	74.6	70.1	53.6	44.0	41.8	37.7	
Urban	88.8	3.1 (1.5-4.7)	80.4	73.6	49.8	46.6	47.1	41.9	
Montana	91.6	3.4 (1.9-4.8)	81.8	82.9	53.8	49.4	52.1	44.6	
Rural	91.4	3.4 (1.8-4.8)	80.4	83.0	53.6	47.6	54.1	45.1	
Urban	92.0	3.4 (1.8-4.8)	84.2	82.6	54.2	52.6	48.7	43.9	
Nebraska	91.1	3.4 (1.9-4.8)	80.7	80.0	56.3	55.5	47.7	42.1	
Rural	90.4	3.1 (1.5-4.6)	77.8	73.6	54.9	49.1	45.4	38.3	
Urban	91.4	3.6 (2.1-4.9)	82.1	83.1	56.9	58.7	48.8	43.9	
Nevada									

	Postpartum	Among those attending a postpartum visit, receipt of postpartum care components						
State overall -	visit	Median number of care	Contraceptive	Depression	Smoking	Abuse	Eating and	Birth Spacing
Rural or Urban	attendance	components (IQR)	Counseling	Screening	Screening	Screening	Exercise Discussions	Counseling
New Hampshire	94.0	3.6 (2.3-4.8)	84.4	88.2	60.7	56.8	51.2	44.0
Rural	93.2	3.6 (2.3-4.7)	81.9	86.0	64.2	57.0	50.3	41.7
Urban	94.5	3.6 (2.3-4.8)	85.8	89.4	58.8	56.8	51.6	45.2
New Jersey	88.1	3.1 (1.4-4.7)	74.9	72.3	45.0	46.7	48.0	42.2
Rural								
Urban	88.1	3.1 (1.4-4.7)	74.9	72.3	45.0	46.7	48.0	42.2
New Mexico	86.3	4.1 (2.3-5.2)	79.8	79.9	62.8	67.8	55.2	47.0
Rural	83.1	3.8 (1.7-5.2)	75.4	73.4	57.8	59.3	49.7	46.1
Urban	88.0	4.2 (2.7-5.3)	82.0	83.2	65.4	72.1	58.0	47.4
New York State*	91.7	3.3 (1.6-4.8)	81.5	75.5	53.4	49.9	47.9	45.3
Rural	91.6	3.6 (1.9-5.0)	82.5	80.4	58.3	55.5	46.3	50.2
Urban	91.7	3.3 (1.6-4.7)	81.4	74.8	52.8	49.2	48.1	44.6
New York City	88.1	3.1 (1.1-4.9)	75.2	61.3	45.2	44.0	49.7	45.0
North Carolina	91.6	3.9 (2.4-5.2)	84.3	84.9	62.5	65.5	51.8	48.0
Rural	88.0	3.9 (2.4-5.1)	79.8	82.1	64.3	66.6	51.6	44.7
Urban	92.5	3.9 (2.4-5.2)	85.3	85.5	62.0	65.2	51.9	48.8
North Dakota	88.5	3.8 (2.5-4.9)	80.7	83.4	69.3	70.8	43.8	41.1
Rural	86.9	3.8 (2.4-4.9)	77.7	82.6	67.7	71.1	42.2	40.8
Urban	90.2	3.8 (2.6-4.9)	83.8	84.2	70.8	70.4	45.4	41.3
Ohio								
Oklahoma	87.2	3.0 (1.2-4.8)	79.4	68.3	50.9	44.1	46.5	42.3
Rural	86.5	3.0 (1.1-4.8)	77.8	69.1	53.8	44.7	44.4	41.2
Urban	87.5	3.0 (1.2-4.7)	80.1	68.0	49.6	43.9	47.5	42.7
Oregon	91.9	3.8 (2.4-5.1)	84.0	86.9	60.2	65.4	52.2	47.6
Rural	93.8	4.2 (2.8-5.3)	86.0	87.9	64.5	67.1	59.5	57.1
Urban	91.6	3.7 (2.4-5.0)	83.5	86.7	59.3	65.1	50.7	45.6

	Postpartum	Among those attending a postpartum visit, receipt of postpartum care components							
State overall -	visit	Median number of care	Contraceptive	Depression	Smoking	Abuse	Eating and	Birth Spacing	
Rural or Urban	attendance	components (IQR)	Counseling	Screening	Screening	Screening	Exercise Discussions	Counseling	
Pennsylvania	90.1	3.4 (1.7-4.8)	80.3	79.8	51.4	52.4	46.9	43.7	
Rural	86.1	3.2 (1.4-4.8)	75.8	78.1	54.1	50.4	40.4	41.8	
Urban	90.6	3.4 (1.8-4.9)	80.9	80.0	51.0	52.6	47.7	43.9	
Rhode Island	92.5	3.9 (2.4-5.2)	83.9	85.0	58.5	63.7	55.5	47.7	
Rural									
Urban	92.5	3.9 (2.4-5.2)	83.9	85.0	58.6	63.8	55.5	47.7	
South Carolina									
South Dakota	89.6	3.8 (2.3-5.0)	81.3	83.3	63.5	65.4	50.0	43.2	
Rural	87.4	3.8 (2.2-5.0)	78.8	81.4	63.3	62.6	50.4	44.3	
Urban	91.8	3.8 (2.4-5.0)	83.9	85.4	63.8	68.4	49.5	42.1	
Tennessee	87.0	3.4 (1.4-4.8)	75.6	71.7	47.4	47.1	47.7	48.8	
Rural	87.8	3.0 (1.1-4.6)	77.8	67.0	43.7	41.1	46.4	50.7	
Urban	86.8	3.6 (1.5-4.9)	74.9	73.2	48.7	49.2	48.2	48.1	
Texas									
Utah	90.7	2.9 (1.5-4.3)	84.3	75.9	43.2	34.7	46.8	40.0	
Rural	90.2	3.1 (1.6-4.5)	80.9	76.7	46.7	38.1	48.7	44.4	
Urban	90.7	2.8 (1.5-4.3)	84.7	75.8	42.9	34.3	46.6	39.5	
Vermont	91.6	3.9 (4.5-5.0)	84.4	86.6	57.0	60.3	55.6	48.6	
Rural	91.4	3.9 (2.6-5.1)	83.1	86.4	61.6	63.7	56.7	46.0	
Urban	92.0	3.7 (2.3-5.0)	86.5	86.9	49.5	54.7	53.9	53.0	
Virginia	91.3	3.5 (1.8-4.9)	81.6	80.2	54.6	52.4	53.4	45.9	
Rural	88.0	3.6 (2.0-5.2)	76.7	80.2	61.3	55.8	54.1	46.7	
Urban	91.6	3.5 (2.1-4.9)	82.5	81.7	54.0	57.1	52.6	46.3	
Washington	90.9	3.6 (2.1-4.9)	82.5	81.7	54.0	57.1	52.6	46.6	
Rural	86.9	3.4 (1.8-5.1)	75.8	74.8	53.3	53.0	50.2	43.5	
Urban	91.3	3.6 (2.1-4.9)	83.2	82.5	54.1	57.6	52.9	46.6	

	Postpartum	Among those attending a postpartum visit, receipt of postpartum care components							
State overall -	visit	Median number of care	Contraceptive	Depression	Smoking	Abuse	Eating and	Birth Spacing	
Rural or Urban	attendance	components (IQR)	Counseling	Screening	Screening	Screening	Exercise Discussions	Counseling	
West Virginia	88.3	3.4 (1.3-5.1)	77.0	69.3	55.5	53.0	50.2	43.5	
Rural	89.1	3.4 (1.3-5.1)	77.1	71.6	57.7	55.7	49.7	46.1	
Urban	87.9	3.3 (1.3-5.0)	76.9	67.7	54.0	51.3	48.7	41.6	
Wisconsin	86.9	3.3 (1.6-4.9)	77.1	70.5	50.7	52.3	47.5	42.2	
Rural	97.8	4.4 (3.2-5.4)	97.8	85.8	72.5	73.0	46.3	66.7	
Urban	86.6	3.3 (1.6-4.9)	76.4	70.0	49.9	51.6	47.6	41.4	
Wyoming	89.9	3.6 (1.8-5.1)	81.2	74.6	56.2	52.6	54.9	49.2	
Rural	92.4	3.1 (1.6-4.6)	79.0	77.3	50.2	44.5	46.7	39.8	
Urban	90.0	3.6 (1.8-5.2)	81.6	75.4	55.9	53.3	55.7	50.2	

Appendix Table. Postpartum Visit Attendance and Care Components Received by State, Rurality, and Component

Data are weighted with PRAMS survey weights to account for sample design, nonresponse, and noncoverage.

*New York State excludes New York City, which conducts its own PRAMS survey.

Years of data available from each PRAMS site: Alabama (2017-2019), Alaska (2016-2019), Arkansas (2016, 2018-2019), Colorado (2016-2019), Connecticut (2016-2019), Delaware (2016-2019), District of Columbia (2018-2019), Florida (2019), Georgia (2017-2019), Hawaii (2016, 2019), Illinois (2016-2019), Indiana (2018), Iowa (2016-2019), Kansas (2017-2019), Kentucky (2017-2019), Louisiana (2016-2019), Maine (2016-2019), Maryland (2016-2019), Massachusetts (2016-2019), Michigan (2016-2019), Minnesota (2018-2019), Mississippi (2018-2019), Missouri (2016-2019), Montana (2017-2019), Nebraska (2016, 2018-2019), New Hampshire (2016-2019), New Jersey (2016-2019), New Mexico (2016-2019), New York State* (2016-2019), New York City (2016-2019), North Carolina (2017-2019), North Dakota (2017-2019), Oklahoma (2016-2018), Oregon (2018-2019), Pennsylvania (2016-2019), Rhode Island (2016-2019), South Dakota (2017-2019), Tennessee (2019), Utah (2016-2019), Vermont (2016-2019), Virginia (2016-2019), Washington (2016-2019), West Virginia (2016-2018), Wisconsin (2016-2019), Wyoming (2016-2019).